

Conclusion IOTA SRRA, ADNEX model and ORADS can help in the identification of malignant features associated with adnexal serous carcinoma.

Disclosures The use of different scores such as IOTA simple rules risk assessment, O-RADS and ADNEX model may help in the identification of malignancy in adnexal serous carcinoma. They can present ultrasound features related with malignancy (irregular contour, vascularized solid areas or papillae).

#292 ULTRASOUND FEATURES AND CLASSIFICATION OF BORDERLINE ADNEXAL TUMOURS

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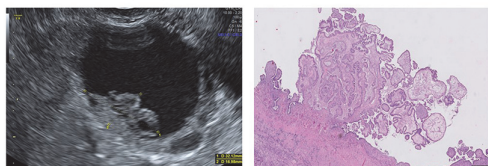
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Introduction/Background Several ultrasound features help ultrasound experts in the characterization of adnexal masses. Different ultrasound scores can be applied to differentiate benignity and malignancy. The main aim of this work is to evaluate the ultrasound characteristics of adnexal borderline tumors and how can ultrasound scores can help in their differentiation.

Methodology This is a retrospective study of ultrasound adnexal lesions of women managed surgically during 2021–2022 in a tertiary centre in Madrid (Spain). Ultrasound characteristics were analysed, and masses were classified according to Subjective Assessment of the ultrasonographer (SA) and other ultrasound scores (IOTA simple rules risk assessment SRRA, O-RADS and ADNEX model with CA125).

Abstract #292 Table 1 Comparison of ultrasound scores applied for borderline carcinoma (mucinous/serous). SRRA: Simple Rules Risk Assessment figure 1. Ultrasound image shows a 49 year old woman with a borderline serous ovarian carcinoma showing a nonvascularized papillae. Histologically, the papillae are composed of a fibrovascular stalk covered by proliferating serous epithelium (H&E 5x).

	n	Subjective Assessment Malignancy	SRRA % Malignancy (n, %) (M, SD, min-max)	ADNEX without CA125 Malignancy (n, %) (M, SD, min-max)	ADNEX with CA125 Malignancy (n, %) (M, SD, min-max)	ORADS (n, %)				
						2	3	4	5	
Borderline (mucinous/serous)	13	13 (100%)	10 (76.92%) 62.2 (34.1) (0.6–89.5)	10 (76.92%) 38.6 (26.3) (4.8–92.4)	11 (84.6%) 36.6 (24.0) (5.2–91.3)	0	0	6 (46.2%)	7 (53.8%)	



Results Of 187 adnexal masses studied, 13 were Borderline tumors. Mean age of presentation was 50.3 years (± 13.6 , range: 28–70), 6 women were postmenopausal (46.2%, 6/13), 6 were asymptomatic (46.2%, 6/13), and 4 were bilateral masses (30.8%, 4/13). Mean value of the maximum size of the lesion was 112.1 ± 54.7 mm (range: 50–210), most of them with a regular contour (n:9, 69.2%) and 5 with acoustic shadowing (38.5%). In 10 cases (76.9%) a solid part was found (mean size: 53.5 ± 60.5 mm range:12–210), 6 of them

highly vascularized (score color 3–4) and 8 had a papillae (mean size: 22.6 ± 11.2 mm, range: 12–45), 3 of them with score color 3–4. Most of them were uni-bilocular (n:9) and only two had more than 10 locules. Mean level of CA125 was 49.5 ± 37.6 IU/ml (12–152). In all cases malignancy was suspected in SA. SRRA suspected malignancy in 10 cases (mean: $42.2\% \pm 34.1$, range:0.6–89.5), similar to ADNEX model with CA125 (mean: $38.4\% \pm 26.3$, range: 4.8–92.4). O-RADS classified all masses as suspicious (O-RADS 4: n:6, O-RADS 5 n:7).

Conclusion IOTA SRRA, ADNEX model and ORADS can help in the differentiation of adnexal borderline tumors that have certain ultrasound characteristics associated with malignancy.

Disclosures The use of different scores such as IOTA simple rules risk assessment, O-RADS and ADNEX model may help in the identification of borderline tumors as suspicious masses. They can present mixed characteristics of benignity (regular contour, acoustics shadows) or malignancy (vascularized solid areas or papillae). Levels of CA125 are not always elevated.

#362 ECO-LEAK PROJECT: DIAGNOSIS OF ANASTOMOTIC LEAK BY THE USE OF TRANSVAGINAL ULTRASOUND

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Introduction/Background Different tests can be used to diagnose leak during the post-operative period, like CT-enema or proctoscopy. Nevertheless, there is no published evidence about the use of ultrasound for this purpose and its role is still to be established. In order to diagnose the presence of anastomotic leakage in female patients after colorectal anastomosis, we devised this diagnostic test (ECO-LEAK) during the postoperative period.

Methodology Between 2022–2023 this test was performed on patients undergoing colorectal resection and anastomosis in the gynecology department according to the previously described technique (Lago et al IJGC 2022).

Transvaginal ultrasound with enema is performed by the instillation of 180 cc of serum under ultrasound vision with the probe in the vagina and sagittal and mid-sagittal exploration. If no new free peri-anastomotic/pelvic fluid appears, the test is considered negative. If there is a new appearance of pelvic free fluid with respect to the baseline examination (fluid present at the beginning of the examination), the test is considered positive.

Results 25 patients were included. 22 (88%) underwent surgery due to ovarian cancer, 2 (8%) endometrial cancer and 1 endometriosis (4%). The range of age was 50–71 years. Te mean distance between anal verge and anastomosis was 8 cm (range 6–12).

ECO-LEAK was performed on 4th POD (Range 3rd-5th). The mean visual pain scale was 1.2 out of 10. The rate of anastomotic leak (AL) was 4% (1/25). The detection rate was 100% with a negative predictive value of 100% for AL in the first week.

Conclusion ECO-LEAK can accurately predict the presence of anastomotic leak being the test painless. A normal result of the tests has a high negative predictive value.

Disclosures None